



Educator Evaluation Best Practices Conference

Lansing Center, Lansing, MI

Friday, April 15, 2011

As discussed in the January 6, 2011 memorandum entitled Educator Performance Evaluation Systems (revised), districts are required to develop evaluation systems that include student growth as a significant factor in support of annual educator evaluations.

To assist districts as they develop these systems, MDE will host a "best practices" conference to showcase the methods, models, and systems that districts have begun to develop and implement.

This conference will feature presentations from administrators, educators, and professionals from other related organizations. **The event is supported, in part, by the Great Lakes East Comprehensive Center at the American Institutes for Research.**

COST: \$75 (includes all materials, breakfast, and lunch)

SB-CEUs: 0.5 State Board Continuing Education Credits may be granted to each participant pending approval. To receive the SB-CEUs, you must be on time and stay until the end of the program.

Send registration to: MIEM, 1001 Centennial Way, Suite 300, Lansing, MI 48917.

Phone: 517.327.2589 Fax: 517.327.0771

Register at www.gomiem.org

Questions: Email Danielle@gomiem.org

MIEM is owned and operated by MASA and MSBO

A G E N D A

- 7:30 to 8:30 a.m. Registration and Continental Breakfast
- 8:30 to 10:00 a.m. General Session: MDE Staff overview and an overview of current research, policy, and practice on teacher evaluation systems from the TQ Center.
- 10:00 to 10:15 a.m. Transition to Breakouts
- 10:15 to 11:30 a.m. Breakout Session #1
- 11:30 to 12:30 p.m. Lunch
- 12:30 to 1:00 p.m. Lunch Presentation: Mike Flanagan, State Superintendent of Public instruction
- 1:00 to 1:15 p.m. Transition to Breakouts
- 1:15 to 2:30 p.m. Breakout Session #2
- 2:30 to 2:45 p.m. Refreshment Break
- 2:45 to 4:00 p.m. Breakout Session #3
- 4:00 p.m. Adjournment of Workshop

Full Name: _____

Name for badge: _____

Position: _____

District: _____

School Address: _____

City/State/Zip: _____

Email (required): _____

Phone: _____ Fax: _____

Special Provisions: _____
(i.e. interpreter, wheelchair, vegetarian, special dietary needs)

† Check enclosed, payable to MIEM for \$ _____

† Charge my Visa Mastercard

Cardholders Name: _____

Card # _____

Expiration Date: _____ Signature: _____

Payment Policy: Payment **must** be made by the day of the event or a **\$25 late fee is assessed**. All unpaid invoices will be issued an invoice that includes the \$25 late fee. **NOTE:** Purchase Orders are not payment.

Cancellation Policy: A \$25 service fee will be retained for cancellations. Cancellations will not be accepted on or after the program date and no refunds will be issued within 2 weeks of the



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event. Substitutions may be allowed until start time of program without penalty.